

State of Hawaii
DEPARTMENT OF AGRICULTURE
Plant Industry Division
P. O. Box 22159
Honolulu, Hawaii 96822

For Dept. of Agriculture Use Only

Qualification No. _____
Date of Issue _____
Exam Date _____
Receipt No. _____

NAME _____

APPLICATION FOR QUALIFIED SALES MANAGER

INSTRUCTIONS: Form to be completed in duplicate and submitted to Department of Agriculture office where applicant plans to take examination.

PLEASE PRINT

1. NAME OF APPLICANT _____ TITLE _____

2. NAME OF LICENSED DEALER _____

3. BUSINESS ADDRESS _____
(STREET)

(CITY/STATE/ZIP CODE)

4. Home Address _____
(STREET)

(CITY/STATE/ZIP CODE)

5. Phone No. Business _____ Residence _____

6. Educational background (check):

[] High school [] College [] Other (specify) _____

7. Employment experience (past 5 years):

Firm Name _____ From _____ To _____

* * * * *

I certify that the statements made above are true to the best of my knowledge.

SIGNATURE _____

DATE _____

COMPANY _____